

ASSIGNMENT

1

To Stop or Change an Existing Court Order

Part 1: Completing and Filing the Court Papers

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TO STOP OR MODIFY “ORDER OF ASSIGNMENT”

FOR PETITIONER OR RESPONDENT

PART 1 -- COMPLETING AND FILING THE COURT PAPERS

How to assemble these documents

This packet contains court forms and instructions to file a ***“Request to Stop or Modify Order of Assignment.”*** Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMW1t	Table of forms/instructions in this packet	1
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3	DRM10f	<i>“Family Court Post-Decree Coversheet”</i>	3
4	DRMW11h	Help to file motion	3
5	DRMW11f	<i>“Motion to Stop or Modify Order of Assignment”</i>	4
6	DRMW82i	Help to Complete <i>“Order Stopping Order of Assignment”</i>	1
7	DRMW82f	<i>“Order Stopping Order of Assignment”</i>	2
8	DRS82i	Help to Complete <i>“Order of Assignment”</i>	2
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**SELF SERVICE CENTER
CHECKLIST FOR FORMS AND INSTRUCTIONS
PETITION AND PAPERS TO STOP OR MODIFY
“ORDER OF ASSIGNMENT”
(PARTIES DO NOT AGREE)**

USE THE FORMS and instructions in this packet only if the following factors apply to you:

- ✓ You have an **“Order of Assignment”** that was entered in Maricopa County, **AND**
- ✓ You wish to stop or modify the order, **AND**
- ✓ The parties do **not** agree to stop or modify the **“Order of Assignment”** **AND**
- ✓ Any one of the following conditions applies to you:

To Modify the “Order of Assignment” because:

- ☐ The amount shown in the **“Order of Assignment”** is wrong or was changed by court order;
- ☐ You have paid up all amounts you owed for past-due support, and only have to pay current child support, which will make your monthly payments go down;
- ☐ You still owe money for past due support, but the current child support order should stop - child is 18 and not attending high school--so your payments should go down;
- ☐ The Child Support Order is based on per child, per month, but one or more of the children have gotten married or reached age 18, so you should pay less.
- ☐ You filed a bankruptcy petition and under the automatic stay you are only obligated to pay current support.

OR

To Stop the “Order of Assignment” because:

- ☐ You do not owe any money for past-due support, and current payments should stop -- child is 18 and not attending high school, you paid all spousal maintenance/support;
- ☐ Parties have reconciled and remarried/case dismissed, (copy of Marriage Certificate or Order of Dismissal, attached);
- ☐ Child custody has been changed by order of this court, (copy of custody Order attached);
- ☐ Child adopted by someone else, and all past-due amounts have been satisfied, (copy of Adoption Order attached);
- ☐ Child deceased, (copy of Death Certificate attached);
- ☐ Payee (obligee) is deceased, (copy of Death Certificate attached);
- ☐ Case dismissed, (copy of Order of Dismissal attached);
- ☐ Two active orders of assignment for same child(ren)
- ☐ When the other party filed an **“Order of Assignment”** request, you did not owe a past-due amount equal to at least one-month's payment of child support or spousal maintenance/ support.

DO NOT USE FORMS and instructions in this packet only if the following factors apply to you:

- ✓ The parties agree to stop or modify the **“Order of Assignment”**
- ✓ Your **“Order of Assignment”** was not entered in Maricopa County

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona
Maricopa County**

Family Court Cover Sheet

For use with Minor Children

**Check only one box that matches
the legal procedure for which you are
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of
Assignment Only**
- ☐ **Enforcement of Custody, Parenting
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

Case Number from existing FC case

ATLAS number(s) if applicable

Instructions:

- You must provide the following information about yourself and the other party.
- Type or print neatly in black ink
- If more room is needed for children or Petitioner/Respondent, please attach a separate page
- You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below

Information About the Petitioner:

Name:

Address:

City, State, Zip:

Home phone #:

Information About the Respondent:

Name:

Address:

City, State, Zip:

Home phone #:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security #:

E-mail address:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security:

E-mail address:

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER. Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other _____

LOCATION. (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO STOP OR MODIFY AN "ORDER OF ASSIGNMENT"

This Request can be completed by the person paying support (the Obligor) OR the person receiving support (the Obligee).

DEFINITIONS:

"Obligee" is the person or agency entitled to receive support payments.

"Obligor" is the person ordered to make support payments.

COMPLETE THIS FORM IF:

- ✓ An "**Order of Assignment**" has been ordered in Maricopa County, **AND**
- ✓ You wish to **stop or modify** the order, **AND**
- ✓ Any one of the conditions listed in Item 6 or 7 on the form applies to you.

TO COMPLETE THIS FORM YOU WILL NEED:

- ✓ The date the "**Order of Assignment**" was signed. If you do not know this date, you can find it on the original "**Order of Assignment**" maintained in the court file.
- ✓ The fee for filing for this process is \$61.00. There may be additional fees, including an appearance fee if this is the first time you or your attorney has appeared in this case. If you cannot pay these fees, you may request that the fees be deferred or waived. The Self-Service Center and the Clerk of Superior Court have the necessary forms to request the deferral or waiver.

Family Court Post-Decree Coversheet (Post Decree Modification or Enforcement)

Print or type in black ink.

Case Type: Check only one box that matches the legal procedure for which you are filing the documents in this packet.

Case Number: Write in the case number of the original case whose decision or order you are asking the Court to change or enforce.

Information about the Petitioner (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Petitioner *in the original case*. If the Petitioner's address is protected, simply write "Protected" on the address line. If you are the Petitioner, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Petitioner and a lawyer represents you, write in the lawyer's name and bar number.

Information about the other party, the Respondent (*in the original action*): Regardless of who started *this* action for change or enforcement, write in the information, if you know it, for the person who was the Respondent *in the original case*. If the Respondent's address is protected, simply write "Protected" on the address line. If you are the Respondent, and you want your address protected, DO NOT write your address on the coversheet. When you file your papers, tell the Clerk of the Court you want your address protected and they will give you a special form to complete. If you are the Respondent and a lawyer represents you, write in the lawyer's name and bar number.

Minor Children Involved: List the names, dates of birth, and social security numbers for any minor children involved in this specific case.

Other Minor Children: If there are other children of either the Petitioner or the Respondent or both not involved with this case, list their names on the lines provided.

Other court cases: Check the appropriate box to tell this Court if either you or your spouse have been involved in any other cases, except a minor traffic offense, in any other court. If you check the Yes box, please describe the case, including case numbers and court location.

Domestic Violence Section: Answer the questions listed regarding domestic violence. This information will help court staff determine if this issue is relevant to this case.

Children's Issues Section: Answer the questions regarding the children you listed on *the "Family Court Cover Sheet."* This information will help court staff determine if these issues are relevant to this case, and/or whether a case exists in this Court already regarding any child you listed.

Interpreter: If you or your spouse need an interpreter, check the box for the appropriate party, one or both.

Language: Check the box to indicate whether the interpreter is needed for Spanish or other language. If "Other", write in the language. This information helps the court estimate the need for interpreters. It is **NOT** an official request for an interpreter.

Location: If you are filing your documents in Phoenix, check the Downtown Phoenix box. If you are filing your documents in Mesa, check the Mesa box.

HOW TO COMPLETE THIS FORM:

- ✓ Type or print neatly using **black** ink.
- ✓ Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that has the same number.

NUMBER INSTRUCTION

- 1 Type or print the name, address and telephone number of the person filing the form. An attorney who is filing the Request must also list the name of the person represented and the attorney's State Bar Number. Enter the ATLAS number, if known.
- 2 Type or print the name of the person shown as the petitioner on the "**Order of Assignment.**"
- 3 Type or print the name of the person shown as the respondent on the "**Order of Assignment.**"
- 4 Type or print the case number that appears on the "**Order of Assignment.**"
- 5 Type or print your name here.

Be sure to type or write on the blank line in Section 6 or 7 the date on which the "Order of Assignment**" was signed. If appropriate, complete any additional blanks and attach documentation as needed.**

- 6 Complete this section if you want to change or adjust the "**Order of Assignment.**" Mark the box or boxes that best explains why you think the order should be changed/adjusted.

- 7** Complete this section if you want to stop the ***“Order of Assignment.”*** Mark the box or boxes that best explains why you think the order should be stopped.
- 8** Mark this box if the ***“Order of Assignment”*** is an ex parte order or an administrative withholding order that was served upon you within the last 10 days and you wish to request a hearing. An “ex parte” order is an order that was signed by a judicial officer before you were given notice of the hearing.
- 9** You may mark one of these boxes if your ***“Order of Assignment”*** is for child support.
- 10** You may mark one of these boxes if your ***“Order of Assignment”*** is for spousal maintenance/ support.
- 11&12** Date and sign your name before a **Notary Public or Deputy Clerk**. By signing your name, you are stating under oath that the contents of this request are true and correct to the best of your knowledge.

FILE THE PAPERS WITH THE CLERK OF THE COURT: When you have completed the ***“Request to Stop or Adjust the Order of Assignment,”*** take the form to the Clerk of the Court. A Deputy Clerk will verify your signature, date and sign the Request at the bottom, if you bring picture identification, and if you have not already signed the form and/or had the form notarized. Then follow the instructions in the Self-Service Packet on how to serve the other party.

NOTICE OF HEARING. If a hearing has been requested in section 7, the Court or Deputy Clerk will complete the date, time and place of hearing and sign the ***“Notice of Hearing.”***

- (1) Person Filing: _____
Address: _____
City, State, Zip _____
Phone: _____
ATLAS Number (if applicable): _____
Representing: ☐ Self (Without a Lawyer) or ☐ Attorney for ☐ Petitioner or ☐ Respondent
Attorney's State Bar Number(if applicable): _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

- (2) _____ Case Number: (4) _____
Name of Petitioner

**REQUEST TO STOP OR CHANGE
ORDER OF ASSIGNMENT**

- (3) _____
Name of Respondent

**DO NOT USE THIS FORM TO REQUEST A CHANGE IN YOUR EXISTING SUPPORT ORDER.
This form only applies to the Order of Assignment.**

- (5) I, _____ ask the court to:

READ ME: Do NOT fill out Number 6 AND 7 – use ONLY Number 6 OR Number 7. There will NEVER be a time that both Number 6 and Number 7 should be filled out. If Number 6 does not apply to your situation, go on to Number 7.

- (6) **CHANGE THE ORDER OF ASSIGNMENT** dated _____, from \$ _____
to \$ _____ because:

- ☐ The amount shown in the **“Order of Assignment”** is incorrect or has been modified.
- ☐ All past-due amounts have been paid/satisfied and the Obligor (person required to pay support) is only obligated to pay current child support.
- ☐ The child support obligation is no longer owing (child is 18, and not attending high school or is 19), past due amounts are still owing. The child's birthday is _____ (month, day and year)
- ☐ All past-due amounts have been paid/satisfied and the Obligor (person required to pay support) is only obligated to pay current spousal maintenance/support.
- ☐ The current child support obligation is no longer owing, past due amounts are still owing.
- ☐ The child was adopted, past due amounts are still owing.
- ☐ The **“Child Support Order”** is divisible (per child, per month) and one or more of the children have emancipated. Name(s) of child(ren) _____
- ☐ The obligor has filed a bankruptcy petition and only current support may be paid under the automatic stay.

- ☐ The current spousal maintenance/support obligation is no longer owing. Obligor is only obligated to pay child support.
- ☐ The current spousal maintenance/support obligation is no longer owing. Past due amounts are still owing.

(7) **STOP THE "ORDER OF ASSIGNMENT"** dated _____, because:

- ☐ All past-due amounts have been paid/satisfied and Obligor (person required to pay child support) is no longer obligated to pay child support (The child is 18, and not attending high school or is 19) The child's birthday is _____ (month, day, year);
- ☐ All past-due amounts have been paid/satisfied and the Obligor (person required to pay spousal maintenance/support) is no longer obligated to pay spousal maintenance/support;
- ☐ The parties have reconciled and remarried/case dismissed. (I have attached a copy of the "**Marriage Certificate**" or "**Order of Dismissal**.")
- ☐ Child custody has been changed by order of the court. (I have attached a copy of the "**Custody Order**.")
- ☐ The child has been adopted and all past-due amounts have been paid/satisfied. (I have attached a copy of the "**Adoption Order**.")
- ☐ The child is deceased/has died, and all past-due amounts have been paid/satisfied. (I have attached a copy of the child's "**Death Certificate**.")
- ☐ The Obligee (person ordered to receive support) has died or is deceased. (I have attached a copy of the "**Death Certificate**.")
- ☐ The case has been dismissed. (I have attached a copy of the "**Order of Dismissal**.")
- ☐ There are two active "**Order of Assignment**"(s) for the same child(ren), the case number referenced above and case number _____;
- ☐ At the time the "**Ex Parte Request**" was filed, I (Obligor) did **not** owe child support or spousal maintenance/support.

(8) ☐ The "**Order of Assignment**" is "Ex Parte." Therefore, I request a hearing before the Order becomes binding on my first employer/payor served with the Assignment. This Request is filed within ten (10) days from the date the "**Request for Assignment**," "**Order of Assignment**" and Notice were delivered to me.

Read me. Boxes 9 and 10 are very important. You should consider checking these boxes if they apply to your situation and you **no** longer owe child support and/or spousal maintenance/support or past due amounts, and you believe that if child support and/or spousal maintenance continues to be taken out of your pay check and given to the other party that it is likely you will never get the money back.

- (9) ☐ I request that the Court to order the Clerk **NOT** disburse any monies regarding the child support obligation until after the hearing or time expires for the other party to respond as follows:
- ☐ Current support payments, OR
- ☐ Arrearage (past-due) payments, OR
- ☐ Current and arrearage (past due) payments.

- (10) ☐ I request that the Court order the Clerk **NOT** to disburse any monies regarding the spousal maintenance/support obligation until after the hearing or time expires for the other party to respond as follows:
- ☐ Current spousal maintenance support payments, OR
 - ☐ Arrearage (past-due) payments, OR
 - ☐ Current and arrearage (past-due) payments.

(11) _____
Date

(12) _____
Signature of Requesting Party

STATE OF ARIZONA)
County of Maricopa)ss.

Subscribed and sworn or affirmed and acknowledged before me this date: _____

Notary Expiration Date

Notary Public or Clerk

Upon receipt of the ***“Request to Stop or Modify the Order of Assignment”*** immediately mail a copy of this Request to the other party, or their attorney. If one party is using the Division of Child Support Enforcement (DCSE), immediately mail a copy of this ***“Request to Stop or Modify the Order of Assignment”*** to the Division of Child Support Enforcement.

If a hearing or para-judicial conference is scheduled, the court may enter a judgment for past-due support, clerk’s fees, service costs, other court costs, and/or attorney fees.

NOTICE TO RESPONDING PARTY

The other party has filed a ***“Request to Stop or Change the Order of Assignment.”***

- ✓ **IF YOU DO NOT AGREE WITH THE REQUEST**, you have 20 days in which to respond by completing the attached ***“Request for Hearing.”*** If you request a hearing, a hearing will be set. If box 8 has been checked, a hearing date has been set and you need not request a hearing. The ***“Notice of Hearing”*** is attached, if a hearing has been set.

If you request a hearing and you have received payments directly, complete an ***“Affidavit of Direct Payments”*** and bring it to the hearing.

- ✓ **IF NEITHER PARTY REQUESTS A HEARING** within the time allowed, the court will review the request and enter an appropriate order. The court may elect to wait a longer period than the time set forth above for legal reasons prior to entry of an order.

- ✓ In addition, if a hearing or para-judicial conference is scheduled, the court may enter a judgment for past-due support, clerk’s fees, service costs, other court costs, and/or attorney fees.

NOTICE OF HEARING

A verified ***“Request for Hearing”*** has been filed. Therefore, the court has scheduled a hearing on this matter as follows:

DATE: _____

TIME: _____

PLACE: _____

If either party fails to appear at the hearing after proper notice, the court will take evidence from the party who does appear and make a decision based on the information provided in the ***“Request to Stop or Modify the Order of Assignment”*** and any oral testimony.

Date: _____ Judicial Officer: _____

Upon receipt of the ***“Request to Stop or Modify the Order of Assignment”*** and ***“Notice of Hearing,”*** you must immediately mail a copy of this Request and Notice to the other party (obligee or obligor), or such person’s attorney. If one of the parties is using the Division of Child Support Enforcement (DCSE), immediately mail a copy of this ***“Request for Hearing”*** and ***“Notice of Hearing”*** to the Division of Child Support Enforcement.

SELF SERVICE CENTER

INSTRUCTIONS FOR COMPLETING AN "ORDER STOPPING AN ORDER OF ASSIGNMENT"

DEFINITIONS:

"Obligor" "Payor" is the person ordered to make support payments.

"Obligee" "Payee" is the person or agency entitled to receive support.

COMPLETE THIS FORM IF:

You completed a ***"Request to Stop Order of Assignment"*** and marked a box in Section A of Item 8 on the Request form.

TO COMPLETE THIS FORM YOU WILL NEED:

Information from, or your copy of, the ***"Order of Assignment."***

FOLLOW THESE INSTRUCTIONS NUMBERED TO MATCH THE IDENTIFYING NUMBERS ON THE FORM. TYPE OR PRINT NEATLY USING BLACK INK.

- (1) Fill in the name of the person shown as the petitioner on the ***"Order of Assignment."***
- (2) Fill in the name of the person shown as the respondent on the ***"Order of Assignment."***
- (3) Fill in the case number that appears on the ***"Order of Assignment."***
- (4) Fill in the name and social security number (SSN) of the Obligor.
- (5) Fill in the date the ***"Order of Assignment"*** was signed (Item 10 on the Order).

Leave the rest of the form blank. The judicial officer (judge, commissioner, or referee) will complete the remaining items at the time of hearing.

WHEN YOU HAVE COMPLETED THIS FORM:

Bring this form, along with your ***"Request to Stop or Modify the Order of Assignment."*** to the Clerk of Court at one of the following locations:

Downtown Court Complex, 101 W. Jefferson St., Phoenix, AZ 85003

Southeast Court Complex, 222 E. Javelina, Mesa, AZ 85210

Northwest Court Complex, 14264 W. Tierra Buena Lane, Surprise, AZ 85374

**SUPERIOR COURT OF ARIZONA
COUNTY OF MARICOPA**

(1) _____
(Name of Petitioner)

Case No. (2) _____

v.

**ORDER STOPPING “ORDER
OF ASSIGNMENT”**

(3) _____
(Name of Respondent)

TO: CURRENT employers or other payors of:

Name of Obligor: _____ (4)

Social Security Number: _____

This Order concerns the “Order of Assignment” with the same case number as this “Order Stopping Order of Assignment.” The “Order of Assignment” was issued on (date) _____ (5) (Indicate the Date of “Order of Assignment”).

1. You shall STOP withholding monies pursuant to the “Order of Assignment.”

- ☐ Immediately, OR
☐ After you withhold and send \$_____ to the Support Payment Clearinghouse.

Case Number _____

The Clerk of the Superior Court/Clearinghouse is ordered:

- ☐ To release any monies currently in the possession of the Clerk/Clearinghouse based on an Order directing the Clerk of the Court to "hold" monies pending the direction of the Court:
- ☐ to the obligee/payee in total and any future payments, **OR**
 - ☐ to the obligor/payor in total and any future payments, **OR**
 - ☐ to the obligee/payee in the amount of \$ _____. The remainder and any future payment shall be sent to the obligor/payor, **OR**
 - ☐ release current support in the amount of \$ _____ per month to the obligee/payee and the remainder, if any, to the obligor/payor, **OR**
 - ☐ Other. _____
- _____
- _____

OR

- ☐ To disburse any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer in the amount of \$ _____ to the obligee/payee and return the remainder to the obligor/payor.

OR

- ☐ To return any monies received by the Clerk/Clearinghouse, from the date of this Order, from the obligor/payor/employer to the obligor/payor.

OR

- ☐ Other. _____
- _____
- _____

Dated: _____

Judicial Officer

SELF SERVICE CENTER

INSTRUCTIONS: HOW TO COMPLETE AN "ORDER OF ASSIGNMENT"

DEFINITIONS:

- **Obligor** is the person ordered to make support payments.
- **Obligee** is the person or agency entitled to receive support

COMPLETE THIS FORM FOR AN "ORDER OF ASSIGNMENT" IF:

- You have completed a "*Request for an Ex Parte Assignment*" or
- You have been ordered by the court to prepare an "*Order of Assignment*" or
- You are a party to a case in which the court may establish or modify a support obligation.

HOW TO COMPLETE THIS FORM:

Step Number	Instructions
----------------	--------------

TYPE OR PRINT NEATLY USING BLACK INK. Follow the instructions given below.
Match each numbered step in the instructions with the item on the "*Order of Assignment*" that has the same number.

- | | |
|-----|---|
| (1) | Type or print the name of the county in which this order is being filed. (This may already be printed on the form.) |
| (2) | Type or print the name of the person who is shown as the Petitioner/Plaintiff on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Petitioner/Plaintiff in the original petition filed in the case. |
| (3) | Type or print the name of the person shown as the Respondent/Defendant on the order that established the support obligation. If there is no order, type or print the name of the person shown as the Respondent/Defendant in the original petition filed in the case. |
| (4) | Type or print the case number that appears on the support order. If the order was issued in a county other than the one where you are filing this request and order, leave this item blank. If you do not have an order establishing a support obligation, leave this item blank. |
| (5) | If you are completing this order because you have completed a " <i>Request for an Ex Parte Assignment</i> ," mark the "Ex Parte" box. |

OR

If you are completing this order for any other reason, mark the "Automatic/After Hearing" box unless the court orders you to do otherwise.

- (6)** Type or print the complete name (first, middle and last) and the Social Security Number of the Obligor (the person ordered to make support payments.)
- (7)** If you marked the "Automatic/After Hearing" box in item (6), leave this item blank. If you marked the "Ex Parte" box in item (6), fill in the monthly amount of each obligation that you are including in your request for assignment. The current child support and spousal maintenance/support amounts must be the same as the amounts listed in the Request, items (9) and (10). If you are requesting payment on arrearages (past due child support), the amount entered must be the same as the amount listed on the Request, item (14) of the Request. Then enter the total amount of all monthly obligations.
- (8)** Type or print your case number that appears in item (5) above.
- (9)** Indicate where payments are to be sent.
- (10)** Leave this area blank. The Judicial Officer or Clerk will date and sign the order.

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
Petitioner/Plaintiff)
vs.)
(2) _____)
Respondent/Defendant)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5)

Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

This form must be completed for:

- An ***“Order of Assignment”*** (Staple to the ***“Order of Assignment”***)
- ***“Order to Stop an Order of Assignment”*** (Staple to the Stop Order)
- ***“Notification of a Change of Employer”***

CASE NUMBER _____ ATLAS NUMBER _____

PAYOR NAME _____
(Name of Person to Make Payment)

Social Security Number _____

List only the Employer's Name and Payroll Address where the ***“Order of Assignment”*** or ***“Stop Order of Assignment”*** should be mailed.

CURRENT EMPLOYER NAME _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

PREVIOUS EMPLOYER (IF KNOWN) _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

SUBMITTED BY _____ DATE _____

WA/FSC

TYPE OF W/A _____

DATE _____

TYPE OF ORDER _____

EMPLOYER STATUS _____

ENTERED BY _____

NEW W/A _____ SUB _____

AG _____ DCSE _____

Case No. _____

ATLAS No. _____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Due Date _____	Due Date _____
	Thru Date _____		Thru Date _____	Med Bills _____
	Due Date _____		Due Date _____	Frequency _____